

<i>SERFF Tracking Number:</i>	<i>HUMA-126736550</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>46304</i>
<i>Company Tracking Number:</i>	<i>AR-10-002</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>CC2003 et al, revised PPACA rider</i>		
<i>Project Name/Number:</i>	<i>Revised PPACA rider/AR-10-002</i>		

Filing at a Glance

Company: Humana Insurance Company

Product Name: CC2003 et al, revised PPACA rider
 SERFF Tr Num: HUMA-126736550 State: Arkansas

TOI: H16G Group Health - Major Medical
 SERFF Status: Closed-Approved-Closed
 State Tr Num: 46304

Sub-TOI: H16G.001A Any Size Group - PPO
 Co Tr Num: AR-10-002
 State Status: Approved-Closed
 Filing Type: Form
 Reviewer(s): Rosalind Minor

Author: Wendy Jeffries
 Date Submitted: 07/23/2010
 Disposition Date: 08/06/2010
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name: Revised PPACA rider
 Project Number: AR-10-002
 Requested Filing Mode:
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 08/06/2010

Status of Filing in Domicile:
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type:
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 08/06/2010
 Created By: Wendy Jeffries
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Wendy Jeffries

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

Filing Description:

Due to the clarifications that came out regarding Reform, we are filing new forms to replace the previously filed forms PGN-HCR GNGF 5/2010 and PGN-HCR GGF 5/2010 under SERFF:HUMA-126690004/State: 46080

Company and Contact

Filing Contact Information

Wendy Jeffries, Regional Contract Analyst wjeffries@humana.ocm

SERFF Tracking Number: HUMA-126736550 State: Arkansas
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 Company Tracking Number: AR-10-002
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
 Product Name: CC2003 et al, revised PPACA rider
 Project Name/Number: Revised PPACA rider/AR-10-002

321 W. Main Street 502-580-1783 [Phone]
 6th Floor, East Tower
 Louisville, KY 40202

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	2 forms at \$50 per form equals \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$100.00	07/23/2010	38244593

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<i>Project Name/Number:</i>	<i>Revised PPACA rider/AR-10-002</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/06/2010	08/06/2010

<i>SERFF Tracking Number:</i>	<i>HUMA-126736550</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Revised PPACA rider/AR-10-002</i>		

Disposition

Disposition Date: 08/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-126736550</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Approved-Closed	Yes
Form	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Approved-Closed	Yes

SERFF Tracking Number: HUMA-126736550 State: Arkansas
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 Product Name: CC2003 et al, revised PPACA rider
 Project Name/Number: Revised PPACA rider/AR-10-002

Form Schedule

Lead Form Number: PGN-HCR GGF 06/10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/06/2010	PGN-HCR GGF 06/10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Revised	Replaced Form #: PGN-HCR GGF 5/2010 Previous Filing #: 46080		PGN HCR Rider Grp GF 6-10 (a).pdf
Approved-Closed 08/06/2010	PGN-HCR GNGF 06/10	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER	Revised	Replaced Form #: PGN-HCR GNGF 5/2010 Previous Filing #: 46080		PGN HCR Rider Grp non-GF 6-10 (a).pdf

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part the benefit plan document to which it is attached.

All terms used in this rider have the same meaning given to them in the benefit plan document unless otherwise defined in this rider, by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the benefit plan document apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

The following will apply to your current plan as of your plan renewal date on or after 9/23/2010.

Definitions

Essential health benefits mean the items and services in the following categories defined by the United States Health and Human Services (HHS) as set forth by the Affordable Care Act and future federal regulations:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental and substance use disorder, including behavioral health treatment;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management;
- Pediatric services, including oral and vision care.

Lifetime maximum -

The lifetime maximum does not apply to essential health benefits.

Annual limits -

Annual dollar limits for essential health benefits are removed.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

Dependent coverage -

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed; or
- Residing with or receives financial support from you.

Pre-existing conditions -

The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Humana Insurance Company

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER

This rider is made part of the benefit plan document to which it is attached.

All terms used in this rider have the same meaning given to them in the benefit plan document unless otherwise defined in this rider, by the Patient Protection and Affordable Care Act of 2010 (the Affordable Care Act), also known as federal health care reform, or by future federal regulations. Except as modified below, all conditions and limitations of the benefit plan document apply. State laws continue to apply except to the extent that the state law prevents application of federal health care reform.

If your plan is effective prior to 09/23/2010, these requirements will apply to your current plan as of your plan renewal date on or after 09/23/2010. If your plan is effective 09/23/2010 or after, this rider is applicable to your current plan as of your plan's effective date.

Definitions

Essential health benefits mean the items and services in the following categories defined by the United States Health and Human Services (HHS) as set forth by the Affordable Care Act and future federal regulations:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental and substance use disorder, including behavioral health treatment;
- Prescription drugs;
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Annual dollar limits for essential health benefits are removed.

Rescission -

We will rescind coverage only due to fraud or an intentional misrepresentation of a material fact.

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

Dependent coverage -

If your health plan includes coverage for dependent children, your child is covered to age 26 regardless if the child is:

- Married;
- A tax dependent;
- A student;
- Employed;
- Eligible for other coverage through employment; or
- Residing with or receives financial support from you.

Pre-existing conditions -

The pre-existing condition limitation does not apply to a covered person who is under the age of 19.

Preventive care -

Preventive care services to detect or prevent sickness that have an A or B rating in the current recommendations of the U.S. Preventive Services Task Force (USPSTF) are covered without cost sharing when provided by a network provider. The recommendations by the USPSTF for breast cancer screening, mammography and prevention issued prior to any recommendations issued in or around November 2009 will be considered current when applying this benefit. HHS will specify the recommendations for preventive services that apply for your plan year. You may be responsible for any preventive care services received, that are not specifically required by the Affordable Care Act.

Internal appeals and external review -

You have the right to an internal appeal and the right to request an external review of an adverse claim determination. If you have questions, you can call the Customer Care number on the back of your Humana ID card. We are available to help you Monday through Friday, 8 a.m. to 6 p.m.

Primary care physicians -

If your health plan requires you to select a primary care physician, a participating physician specializing in pediatrics is permitted to be selected as the primary care physician for a covered dependent child.

Gynecological and obstetrical services -

PATIENT PROTECTION AND AFFORDABLE CARE ACT RIDER (continued)

If a primary care physician referral is required by your health plan, a female covered person is permitted to receive services for obstetrical or gynecological care from a participating health care professional specializing in obstetrics or gynecology without a referral from her primary care physician. Services received from, or ordered by a participating health care professional for obstetrical or gynecological services, are considered authorization from the primary care physician.

Emergency care -

Coverage will be provided for an emergency medical condition in a hospital's emergency department:

- Without prior authorization;
- With the same restrictions on coverage for non-network providers as those applied for network providers;
- With the same cost-sharing requirements for non-network providers as those applied to network providers. In addition to the cost sharing requirements, you may be responsible for the difference between the allowed amount under your plan and what is billed by a non-network provider, as permitted by the Affordable Care Act;
- Without regard to any other terms or conditions of the policy other than exclusion; coordination of benefits, affiliation or waiting periods, or cost-sharing requirements.

Humana Insurance Company

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

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Project Name/Number:	Revised PPACA rider/AR-10-002		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/06/2010
Comments: See attached		
Attachments: AR-10-002 Certificate of Compliance-Bulletin 9-85.pdf AR-10-002 Certification of Compliance-Rule & Regulation 19.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	08/06/2010
Bypass Reason: na		
Comments:		

	Item Status:	Status
		Date:
Satisfied - Item: PPACA Uniform Compliance Summary	Approved-Closed	08/06/2010
Comments: see attached		
Attachment: CC2003 HIC PPACA UniformCompliance Summary 6-10.pdf		

TO: Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: GROUP HEALTH INSURANCE FORMS FILING
HUMANA INSURANCE COMPANY
POLICY SERIES: CC2003
NAIC#: 73288
FEIN#: 39-1263473
INTERNAL FILING NUMBER: AR-10-002

CERTIFICATION OF COMPLIANCE

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify to the best of my knowledge and belief that they are in compliance with Bulletin 9-85 of the state of Arkansas.



(Signature)

J. Gregory Catron
Vice President and Assistant General Counsel
Humana Insurance Company

07/23/2010

(Date)

Individual responsible for this filing:

Wendy Jeffries
Contract Analyst
Product Compliance

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

FORM: See Form Schedule tab for a list of forms.

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, J. Gregory Catron, an officer of Humana Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



J. Gregory Catron
Vice President and Assistant General Counsel
Humana Insurance Company

July 23, 2010
Date

Individual responsible for this filing:

Wendy Jeffries
Contract Analyst
Product Compliance

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete [SECTION A](#) only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

☐ Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services.	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Explanation: Page Number:	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	<i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for “restricted” annual dollar limits for essential benefits for plan years prior to January 1, 2014.	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	<i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	<i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	<i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◇	<i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i>	<input type="checkbox"/> Yes [◇] <input type="checkbox"/> No If no , please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	<i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			

◇ For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

PPACA Uniform Compliance Summary

SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
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	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
	Explanation:			
	Page Number:			